PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09759759

			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			(Column 1)			(Column 2)		RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		⊢	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			(A) minus 20=		. 29			X\$ 9=		OR	X\$18=	512
_	DEPENDENT CL		# minus 3 = *		<u> </u>	. /		X40=	<u> </u>	OR	X80=	Po
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u>. </u>	TOTAL		OR	TOTAL	1212.
	С			<u>-</u>	•	OTHER						
(Column 1)			(Column 2) HIGHEST			(Column 3)	_	SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	PENDENT	CLAIM	=	L	X40=		OR	X80=	
L		NATION OF MA		LIVOLIVI	OLANI			+135=		OR	+270=	
	·							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L.	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			+135=		OR	+270=	
							L.	TOTAL		OR OR	TOTAL	
		(0.1		(0.1	•	(0.1	AD	DIT. FEE		UN	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)	_			1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
*	f the entry in colu	mn 1 is less than th mber Previously Pa	ne entry in colu	mn 2, write	e "0" in col	umn 3.	L	TOTAL		 ∩□	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



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DATE:	31 18 01								
TO:	OFPE								
FROM:	Office of Initial Patent Examination Unit 7 (RAM Team)								
SUBJECT:	Insufficient Funds								
Deposit account number 16 18 52									
On OI 18 C 1 there were insufficient funds available to charge the attached fee									
If you have any question, please contact Cynthia Streater (OIPE/JCWS RAM- Team) at 703-306-5430.									
Terminal Operator:	Ahme Z.								